

Watertown-Mayer Public Schools Facility/Equipment Usage Application

Organization: _____

* Does your group have liability insurance coverage? Yes No
If "Yes" please attach Certificate of Liability Insurance.

Contact Person: _____

Address: _____

Work Phone: _____ Home Phone: _____ Cell Phone: _____

Name/Description of Activity: _____

Time facility is to be opened: _____ Expected time facility can close: _____

Day(s) & Date(s) of Activity: *(Please list every date needed)* _____

Facility and Equipment Requested:

Please ensure to list each room or space and equipment needed. Each group is responsible for their own signage and supervision needed for their event.

Building & Space Request

Equipment Needed

1. _____
2. _____
3. _____
4. _____
5. _____

- _____
- _____
- _____
- _____
- _____

On behalf of my organization, I have read the Facility Usage Policy and will abide by it.
Signature: _____ Date: _____

Return completed Facility Usage from to: Watertown-Mayer Community Education
313 Angel Avenue N.W.
Watertown, MN 55388
Telephone: 952-955-0280
Fax: 952-955-0201

Your facility request is complete when the below is signed. Time permitting, a copy of this Facility Usage Application will be returned to you as confirmation of approval.

Permit granted by: _____ Date: _____